

GP

Furutani

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER American Federation of State, County & Municipal Employees - CA People (AFSCME CA People) Small Contributor Committee		Date of This Filing 01/31/2008	RECEIVED & FILED Office of the Secretary of State of the State of California JAN 31 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 441-1570	I.D. NUMBER (if applicable) 960772	Report No. 2008-0257		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	FILE ELECTRONICALLY R	
CITY Sacramento, CA	STATE 95814-	ZIP CODE	No. of Pages 1	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008	Furutani, for Assembly (#1299461)  Gardena, CA 90248	Warren Furutani  State Assembly Person Assembly District : 55	5,000.00	

Reason for Amendment: \_\_\_\_\_

CA-1311835

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G.P.

Furutani

1 of 2

## Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Cooperative of American Physicians - Mutual Protection Trust (CAP-MPT) State PAC			Date of This Filing <u>01/31/2008</u>	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State 1/2	<b>497</b> For Official Use Only R
AREA CODE/PHONE NUMBER (213) 473-8600	I.D. NUMBER (if applicable) 760951		Report No. <u>LCM-80131</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90071	No. of Pages <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	SEE NEXT PAGE ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

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# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Cooperative of American Physicians - Mutual Protection Trust (CAP-MPT) State PAC		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State 2/2	<b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 760951	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008 	Furutani for Assembly  Sacramento CA 95818 ID: 1299461	Warren Furutani State Assembly Person  Ballot: Dist: 55	3800.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

P.C. (b)(5) 401 8/33 Jan 31 2008 3:23PM Law Office of Russell H.